Trend Analysis of New HIV Infection and Methamphetamine Use Among Men Who Have Sex with Men in Los Angeles County: Implications for HIV Prevention

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> Public Health

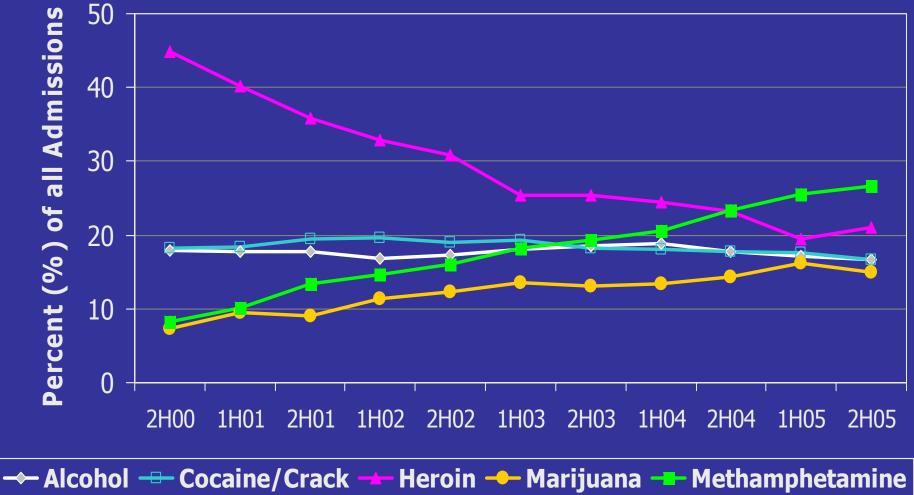


Overview

- HIV Counseling and Testing (HCT) Data, 2001-2004
 - Overview
 - Prioritized Behavioral Risk Groups (BRGs)
 - HIV New Positives by BRG, by Meth Use
 - Relative Risk Ratios among BRG
- Crystal Methamphetamine Situational Assessment (CMSA), 2005
 - Qualitative Data Themes: Meth Use Among MSM
- Countywide Risk Assessment Survey (CRAS), 2004
 - Psychosocial Correlates Among MSM Meth Users
- Implications for Prevention Efforts



Trends in LA County Treatment Admissions by Primary Substance of Abuse



What We Know About Meth, Sex & MSM

- Often used to initiate and enhance sexual encounters^{1,2}
- Users typically have more sexual partners than nonusers³
- Highly associated with risky sexual behaviors such as decreased use of condoms, anal sex, fisting and prolonged sexual activity^{3,4,5,6}
- Gay and bisexual men who use meth have a greater prevalence of HIV infection than MSM who do not use the drug^{3,7}



Los Angeles County HIV Counseling and Testing (HCT) Data, 2001-2004

General Description

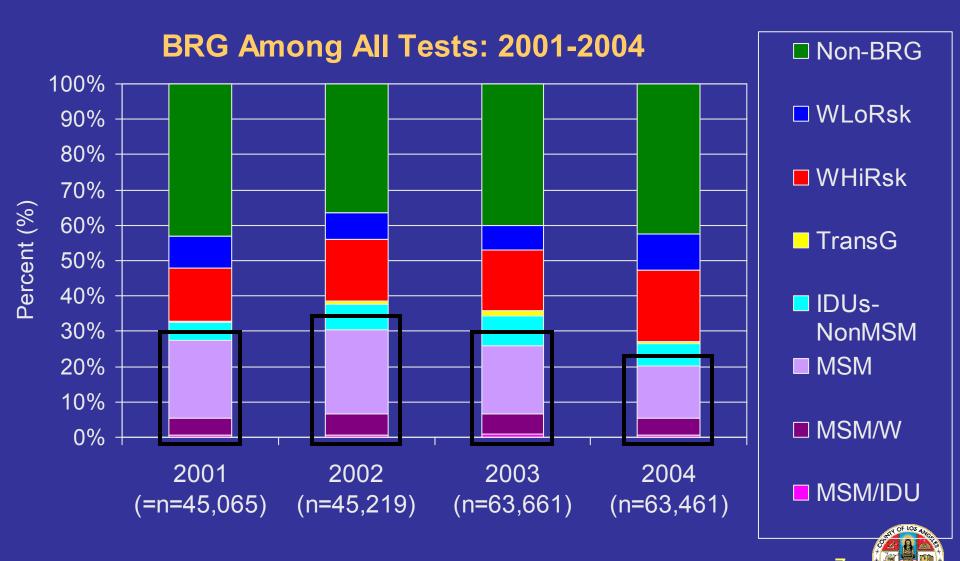
- Reported by Behavioral Risk Group (BRG)
 - MSM/IDU: Men who have sex with men & are injection drug users
 - MSM/W: Men who have sex with men & women
 - MSM: Men who have sex with men
 - TransG: Transgenders at sexual risk/Transgender injection drug users
 - IDUs-NonMSM: Heterosexual male/female injection drug users
 - WHiRsk: Women at high sexual risk
 - WLoRsk: Women at low sexual risk
 - Non-BRG: Everyone else



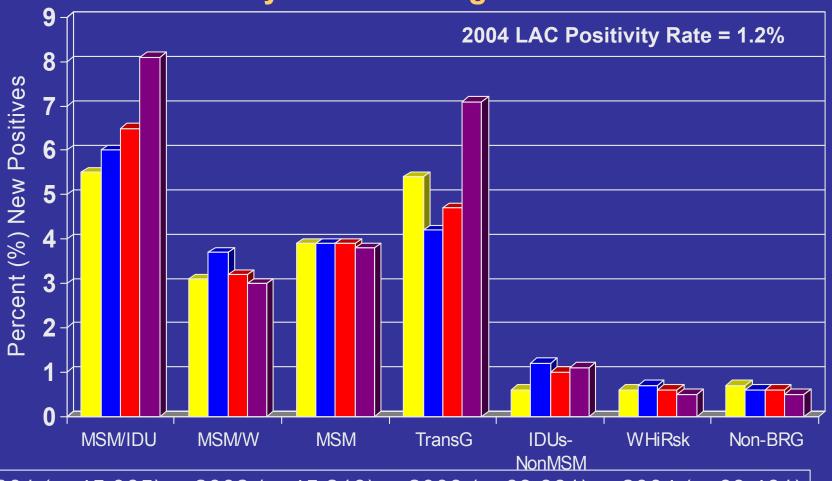
Los Angeles County HIV Counseling and Testing (HCT) Data, 2001-2004

- Data are from clients accessing services at publicly funded sites reporting to OAPP
- Sample sizes are numbers of tests performed, not total number of clients
- Clients self-identify behavior
- Methamphetamine/Amphetamine use is recorded as use within the last two years or since the last HIV test result

Source: 2001-2004 LAC HCT Data





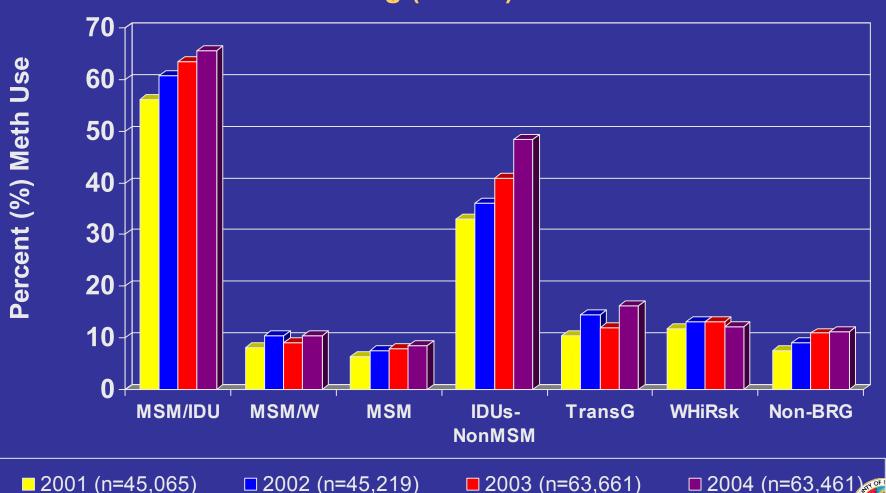


2001 (n=45,065) □ 2002 (n=45,219) ■ 2003 (n=63,661) ■ 2004 (n=63,461)

Source: 2001-2004 LAC HCT Data

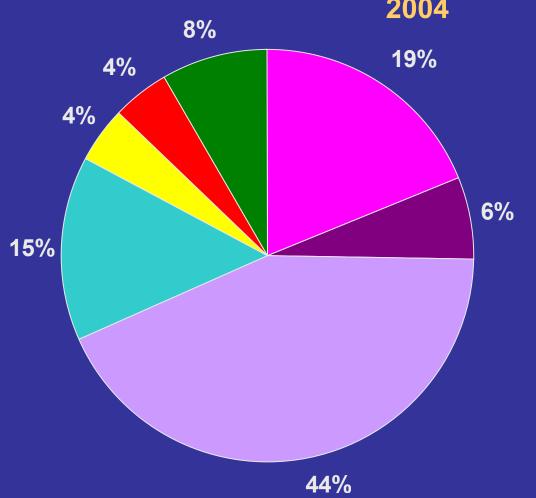
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New HIV Positives Among Meth Users by BRG, 2004



Source: 2004 LAC HCT Data

N= 158

Positivity Rate = 2.0%

■ MSM/IDU

■ MSM/W

■ MSM

■ IDUs-NonMSM

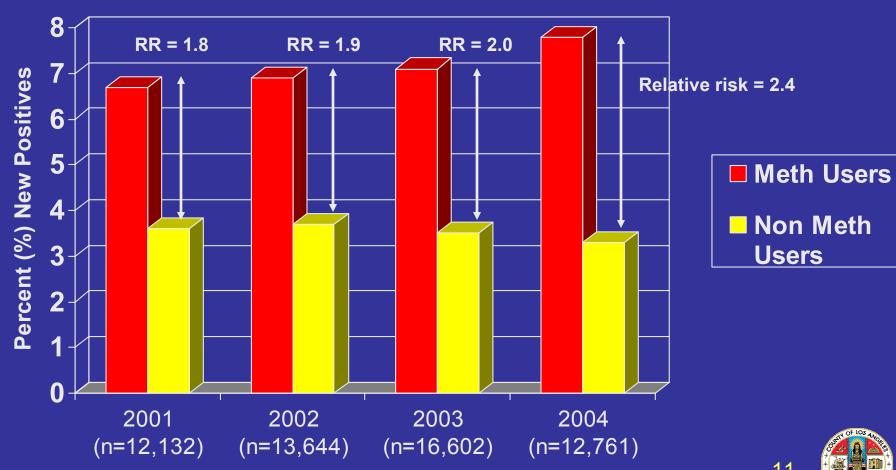
TransG

■ WHiRsk

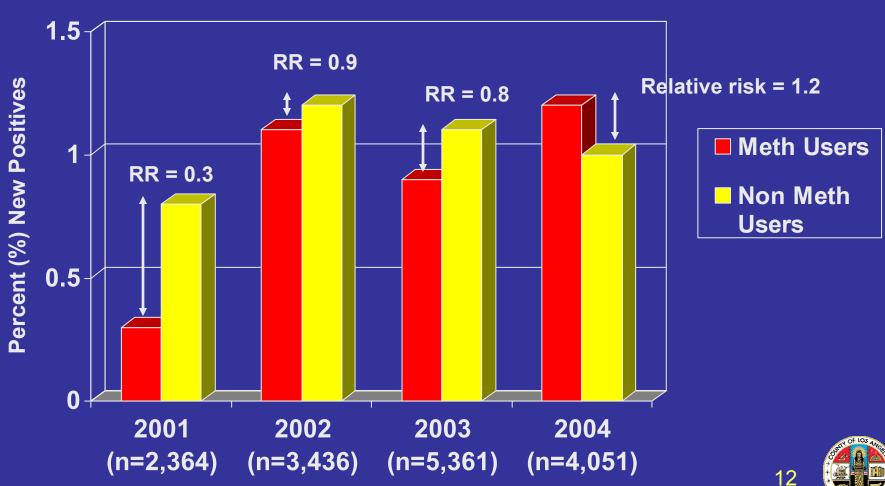
■ Non-BRG



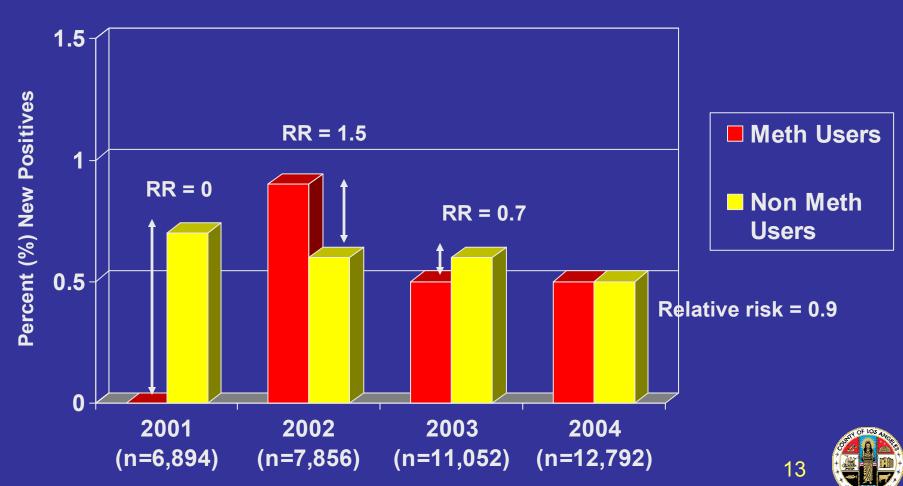
All MSM New HIV Positive Meth Users vs. New HIV **Positive Non-Meth Users**



Non-MSM/IDU New HIV Positive Meth Users vs. **New HIV Positive Non-Meth Users**

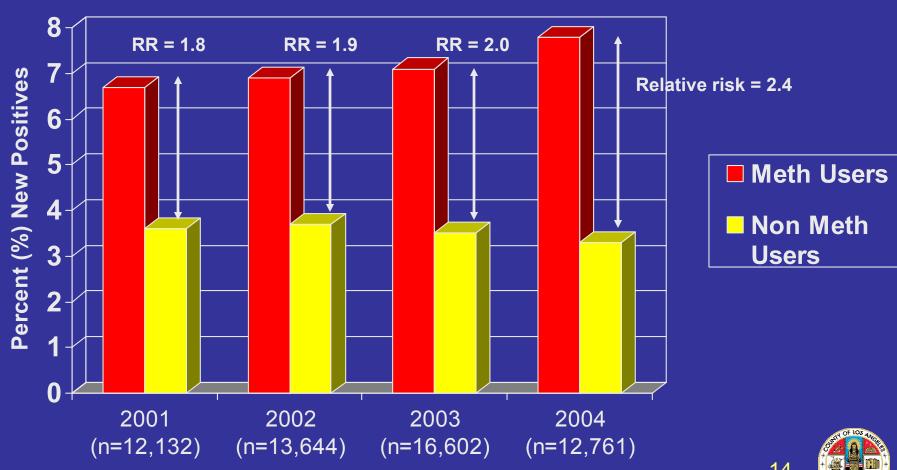


Women at High Sexual Risk New HIV Positive Meth Users vs. New HIV Positive Non-Meth Users



Source: 2001-2004 LAC HCT Data

All MSM New HIV Positive Meth Users vs. New HIV **Positive Non-Meth Users**





Los Angeles HCT Data, 2001-2004

Summary/Conclusions

- MSM continue to be the population most affected by HIV in LAC
- *2001-2004 = increasing trend in relative risk for HIV positivity & meth use among MSM
- *HIV prevention efforts should specifically target meth use among MSM due to high HIV positivity rates among this population that are using meth

Crystal Meth Situational Assessment (CMSA), 2005

- Gain a deeper understanding of the issues surrounding crystal meth use among MSM in LAC
- Gather qualitative information from professionals in the field
 - Expertise in HIV/AIDS/substance abuse/sexual addiction field and work with MSM

CMSA Themes: Why do MSM Use Meth?

Societal Pressures:

- Homophobia
- Social stigma still associated with HIV/AIDS
- Fear of HIV/AIDS
- Grief/loss of friends/loved ones to HIV/AIDS

Can result in:

- Internalized homophobia
- Feelings of low self worth
- Depression (can increase susceptibility to drug addiction)

"meth is the perfect drug for the perfect group at the perfect time..." -CMSA



Los Angeles County Risk Assessment Survey (CRAS), 2004

Psychosocial Correlates: Meth Using MSM vs. Non-Meth Using MSM

N=1,675	OR	CI (.05)
History of Sexual Abuse	2.5	2.0, 3.3
History of Domestic Violence	3.0	2.4, 3.9
Stigmatized (sexual orientation)	2.0	1.5, 2.6



Implications for an HIV Prevention Response

- Lack of effective prevention efforts for MSM
- *ANY interaction that MSM has within the healthcare system should be used to discuss HIV risk and meth use
- Treat for co-morbidities (social, mental health)
- Need for culturally appropriate treatment facilities for MSM

"It is unacceptable and unethical to ask gay men to hang their sexual identities at the door." -CMSA



Next Steps: Los Angeles County (OAPP)

- Additional research examining recreational meth use vs. chronic use
 - Project Tech Support (research partnership)
 - CDC-funded grant targeting out-of-treatment meth-using MSM
 - PI: Dr. Cathy Reback, Van Ness Prevention Division
 - Will examine meth use by racial/ethnic groups & by geographic location
 - Additional OAPP funded HIV programs targeting MSM meth users

Many Thanks

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